

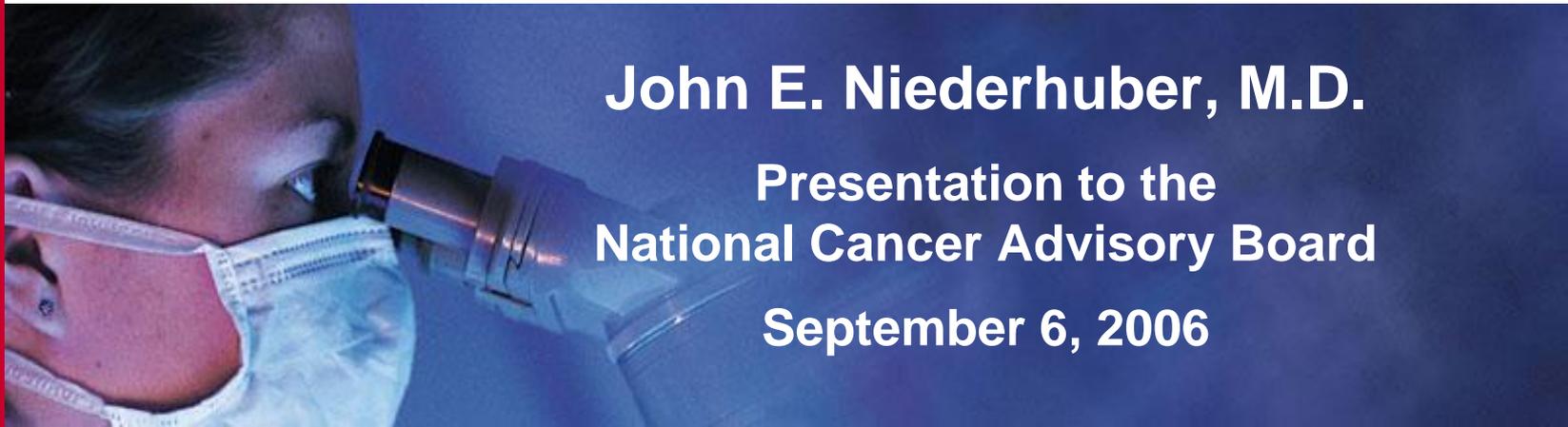


# NCI Community-Based Cancer Centers Pilot Program

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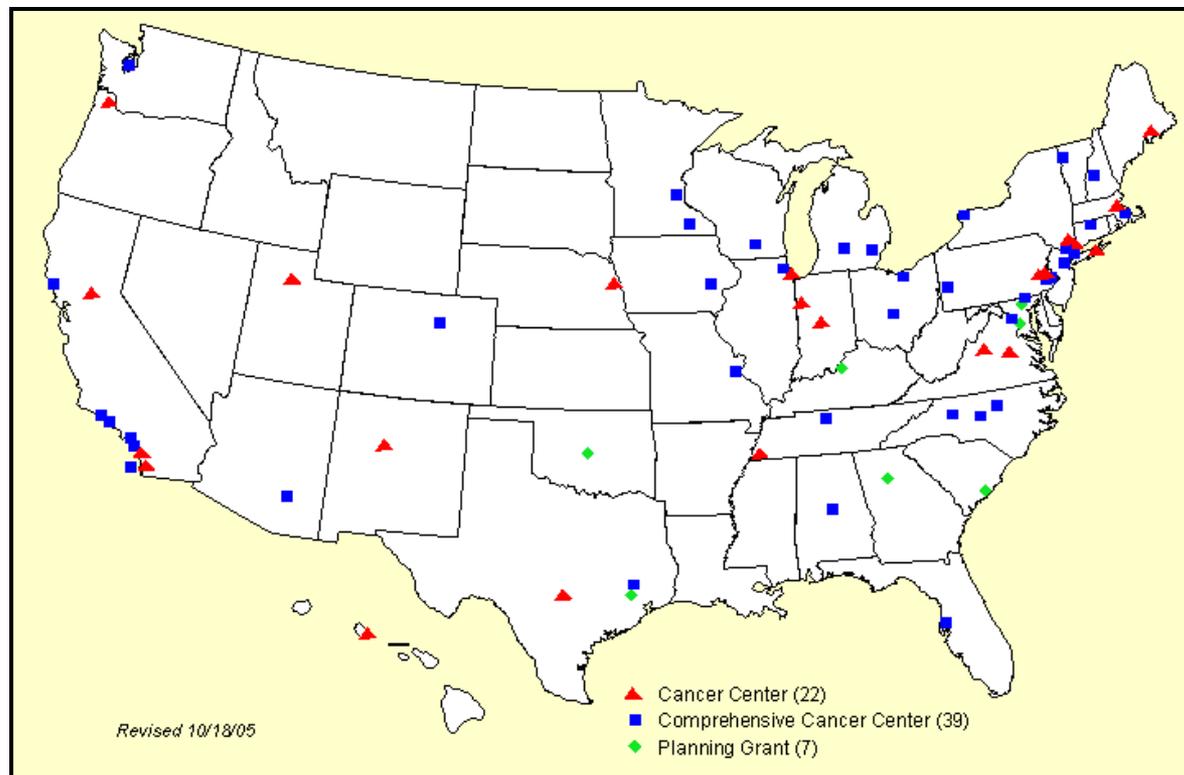
Presentation to the  
National Cancer Advisory Board

September 6, 2006



# NCI-Designated Cancer Centers

**61 major academic and research institutes making significant contributions each day to advances in the understanding, prevention and treatment of cancer**



# Presentation Overview

- **Context**
- **Program Development**
- **Proposed Program Components**
- **Program Assessment**
- **Research Questions**
- **Funding**
- **Next Steps**
- **Timeline**

# Trends in community-based cancer care

- **More well-trained cancer physicians**
- **State-of-the-art technology more available**
- **Movement to physician offices and “stand-alone” centers**
- **Growth in “niche” medical specialty companies**

# Realities of treatment

**Why most cancer patients are treated in hospitals in their communities:**

- **Transportation/distance**
- **Economics/insurance**
- **Social support systems**
- **Qualified cancer specialists**
- **Age**
- **Reduced toxicity**

# NCI Community Cancer Centers Program

**Mission:** Enable the provision of state-of-the-art multispecialty care and early-phase clinical trials in community-based locations to meet the needs of the people

Bringing science to  
the people where  
they live

# NCI Community Cancer Centers Program

**Goal:** Anticipate sponsoring multiple pilot sites for three years, to identify critical factors to be incorporated into a future RFA

(a nationally linked cohort of patients, from screening through treatment of active disease and survivorship)

# Congressional report

**“The Committee commends NCI for its foresight in developing the community cancer centers program, which is a direct mechanism to translate the most promising advances in cancer treatment... to community hospitals around the country.”**

*House Appropriations  
subcommittee '07 report*

# Pilot program development

**Guiding Coalition:** John Niederhuber, Mark Clanton, Anna Barker, Ken Buetow, Norm Coleman, and Donna O'Brien (healthcare consultant)

**CRCHD:** Sanya Springfield, Nada Vydelingum, Ken Chu, Jane Daye, and Barbara Wingrove

**DCCPS:** Bob Croyle, Jon Kerner, Martin Brown, Steve Taplin, Steve Clauser, Rachael Ballard-Barbash, and Julia Rowland

# Pilot program development

**DCP**: Leslie Ford and Lori Minasian

**DCTD**: Jim Doroshow, Michael Christian,  
Jeff Abrams, and Frank Govern

**OCTR**: Ernie Hawk, Jaye Viner, and Linda  
Weiss

**OD**: Rochelle Rollins, Carolyn Compton, and  
Julie Schneider

# Program development considerations

## Community sites

- Early-stage programs with significant **outreach to racial/ethnic minorities** that address healthcare disparities
- Well-established programs with successful **accrual to clinical trials**
- Programs with strong state funded support

# Program development considerations

## Community sites

- Public hospital programs that reach large, **uninsured populations**
- Rural programs

# Program development considerations

- **NCI-designated Cancer Center Community networks**
- **Large physician network focused on research partnership, improving quality of cancer care at community cancer programs, addressing health disparities**
- **National health systems to explore knowledge transfer**

# Baseline pilot program components

**Community cancer center**

**Clinical trials**

**Disparities & community outreach**

**Information technology**

**Biospecimen initiatives**

**Hospice and palliative care**

# Community Cancer Center

- **Community hospital with:**
  - cancer program in a discrete center
  - medical, surgical and radiation oncology
  - one administrative/medical program structure
- **Physician director (cancer expertise)**
- **Patient navigation support**
- **Multi-disciplinary disease specific planning committees**

# Community Cancer Center

- **Minimum 1,000 new cancer cases a year**
- **Existing programs for cancer screening**
- **Accreditation by the Commission on Cancer of the American College of Surgeons**
- **Appropriate staffing, technology, clinical programs, and expertise**

# Clinical trials

- **Minimum annual accrual of 25 patients to clinical trials**
  - Preference for more than 50 patients
  - Preference for experience with NCI-sponsored clinical trials
- **Established research function to support clinical trials**

# Disparities & community outreach

- **Organized, sustainable approach for community health outreach**
  - relationships with other community-based organizations
- **Resources for care of the uninsured and underinsured (direct financial and other)**

# Disparities & community outreach

- **Preference for a track record of public/private partnership development**
- **Partnerships with national, regional and state public health department programs preferred**

# Information technology

- **Information technology capacity that includes:**
  - **plans for an electronic medical record**
  - **capacity to devote staff time and expertise to assess the benefits, implications, barriers, etc., to implementing relevant caBIG infrastructure and components**

# Biospecimen initiatives

**Commitment and capability to describe and assess implementation requirements for the *First-Generation Guidelines for NCI-Supported Biorespositories* for a community-based cancer program**

# Hospice and palliative care

- **An organized program for referral to hospice services as appropriate**
- **Palliative care programs and survivorship plans are of interest and will be explored during the pilot**

# Special areas of interest during the pilot

- **Linkages** with NCI Designated Cancer Centers
- New community-based models to address healthcare disparities

# Special areas of interest during the pilot

- **National health system model in multiple markets**
  - to study knowledge transfer methods, rapid replication capability, or rapid **diffusion of best practices**
- **State funded cancer initiatives**
- **Special locations with high incidence/lack of services**

# Special areas of interest during the pilot

- **State or regional health information technology initiatives**
- **Survivorship plans**
- **Experience with payer-supported clinical initiatives**
- **Supplemental funding models to accelerate achievement of pilot goals**

# Special areas of interest during the pilot

- **Experience in knowledge exchange networks/activities**
- **Successful approaches for multidisciplinary cancer care**
- **Successful approaches to increase accruals to NCI-sponsored clinical trials**

# Pilot program assessment structure

An external — and **independent** — program evaluator for this demonstration project

- **Year 1**: Infrastructure development; refinement of the pilot program and research questions
  - Colorectal cancer quality-of-care study to be launched for screening, treatment and follow-up care
- **Years 2 and 3**: implementation of the model and evaluation of the metrics/research questions

# Research questions

- What are the necessary components to insure a **comprehensive approach** to cancer care?”
- What methods are effective to increase accrual of patients into **clinical trials**?
- How can the benefits of a multi-disciplinary model of cancer care best be demonstrated?
- Can the NCCCP model improve **quality of care**?
- What approaches can reduce healthcare disparities?

# Research questions

- How can the *First-Generation Guidelines for NCI-Supported Biorepositories* be implemented in a community hospital-based cancer program?
- How can community-based cancer programs **effectively participate in caBIG?**
- How can a Knowledge Exchange Network support the advancement of goals for NCI and NCCCP Program?

# Funding for pilot phase

- It is the intent to support, through the NCI's prime contract with SAIC-F, multiple sites for a total of **\$9M over a 3-year period**
- Supplemental funding models to be considered in support of pilot goals (provider, state cancer plan, etc.)

# Funding for pilot phase

**Healthcare disparities..... 40%**

**Information technology... 20%**

**Biospecimen initiative..... 20%**

**Clinical trials..... 20%**

# Next Steps

- **NCCC Program Development Committee to review comments** obtained for Request for Information sent out in mid-August
- **Committee to advise in the drafting of the Request for Proposal**
- **Strong communication effort** to educate and elicit feedback from the many stakeholders in the cancer community

# Proposed timeline

<b>Mid-Aug. 2006.....</b>	<b>Release Request for Information/Interest (RFI)</b>
<b>Mid-Sept. 2006.....</b>	<b>RFI responses due</b>
<b>Mid-Oct. 2006.....</b>	<b>Release Request for Proposal (RFP)</b>
<b>Mid-Nov. 2006.....</b>	<b>Pre-proposal conference (if needed)</b>
<b>Mid-Dec. 2006.....</b>	<b>RFP responses due</b>
<b>Mid-Jan. 2007.....</b>	<b>Evaluation of RFP responses completed</b>

# Proposed timeline

- |                            |   |
|----------------------------|---|
| <b>Feb. 2007.....</b>      | <b>Site visits (if needed)</b>  |
| <b>Mid-March 2007.....</b> | <b>Pilot selections made and announced</b>  |
| <b>April 2007.....</b>     | <b>Preparations to launch program; finalized pilot requirements/ program elements</b>                   |
| <b>April 30, 2007.....</b> | <b>Launch NCCCP pilot project and program for ongoing review and monitoring during three-year pilot</b> |

# RFI Posted

**FedBizOpps:**

<http://www.fedbizopps.gov/>

**SAIC Frederick:**

<http://web.ncifcrf.gov/bizopps/>

# NCI Community Cancer Centers Program

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# National Cancer Institute



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